

**State of California
Office of Administrative Law**

In re:
Secretary of State

Regulatory Action:

Title 02, California Code of Regulations

Adopt sections: 22100.5, 22100.6, 22100.7,
22100.8, 22100.9, 22101.1,
22101.2, 22101.3, 22101.4,
22101.5

Amend sections: 22100, 22100.1, 22100.2,
22100.3, 22100.4

Repeal sections:

**NOTICE OF APPROVAL OF REGULATORY
ACTION**

Government Code Section 11349.3

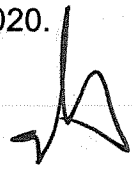
OAL Matter Number: 2020-0124-04

OAL Matter Type: Regular Resubmittal (SR)

This resubmittal action adopts regulations implementing the Safe at Home program, as expanded by recent statutory changes to include victims of domestic violence, sexual assault, stalking, human trafficking, or elder or dependent abuse.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 3/3/2020.

Date: March 3, 2020



**Mark Storm
Senior Attorney**

**For: Kenneth J. Pogue
Director**

**Original: Alex Padilla, Secretary of State
Copy: Alicia Wilkerson**

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 01-2013)

RESUBMITTAL

(See instructions on reverse)

For use by Secretary of State only
ENDORSED - FILED
in the office of the Secretary of State
of the State of California

MAR 03 2020

1:58 PM

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2019-0614-01	REGULATORY ACTION NUMBER 2020-0124-04	EMERGENCY NUMBER SR
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For use by Office of Administrative Law (OAL) only

2020 JAN 24 P 3:36
OFFICE OF
ADMINISTRATIVE LAW

NOTICE

REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY
Secretary of State

AGENCY FILE NUMBER (if any)

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE Proposed New Regulatory Provisions		TITLE(S) Safe at Home		FIRST SECTION AFFECTED 22100		2. REQUESTED PUBLICATION DATE June 28, 2019	
3. NOTICE TYPE <input checked="" type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON Alicia Wilkerson		TELEPHONE NUMBER (916) 695-1404		FAX NUMBER (Optional)	
OAL USE ONLY		ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER		PUBLICATION DATE	

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Address Confidentiality Program Regulations and Procedures		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2003-0327-02E 2019-0925-04 per agency request	
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)			
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)		ADOPT 22100.5, 22100.6, 22100.7, 22100.8, 22100.9, 22101, 22101.1, 22101.2, 22101.3, 22101.4, 22101.5	
		AMEND 22100, 22100.1, 22100.2, 22100.3, 22100.4	
TITLE(S) Title 2		REPEAL	
3. TYPE OF FILING			
<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)		<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	
<input checked="" type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)		<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)	
<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)		<input type="checkbox"/> File & Print	
		<input type="checkbox"/> Print Only	
		<input type="checkbox"/> Other (Specify) _____	
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1) January 3, 2020-January 18, 2020			
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)			
<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))		<input checked="" type="checkbox"/> Effective on filing with Secretary of State	
		<input type="checkbox"/> \$100 Changes Without Regulatory Effect	
		<input type="checkbox"/> Effective other (Specify) _____	
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY			
<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)		<input type="checkbox"/> Fair Political Practices Commission	
<input type="checkbox"/> Other (Specify) _____		<input type="checkbox"/> State Fire Marshal	
7. CONTACT PERSON Alicia Wilkerson		TELEPHONE NUMBER (916) 695-1404	FAX NUMBER (Optional)
		E-MAIL ADDRESS (Optional) awilkerson@sos.ca.gov	

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

DATE

Lizette Mata, Deputy Secretary of State

1.23.2020

TYPED NAME AND TITLE OF SIGNATORY

1.23.2020

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

MAR 03 2020

Office of Administrative Law

EXPRESS TERMS – Proposed New Regulatory Provisions

In the following, underline indicates added text, and ~~strikethrough~~ indicates deleted text.

Title 2. Administration

Division 7. Secretary of State

Chapter 11. Safe at Home Confidential Address Program

Section 22100 Safe at Home is amended to read:

§ 22100 Safe at Home

- (a) The confidential address program for victims and household members established in Chapter 3.1 (commencing with section 6205), and for reproductive health care services providers, volunteers, and patients established in Chapter 3.2 (commencing with section 6215), of the Government Code, and operated by the Secretary of State, shall be known as Safe at Home. Where Chapter 3.1 and 3.2 of the Government Code refer to the Secretary of State, it is the Safe at Home Program within the Office of the Secretary of State that has the authority and responsibility specified therein.

Note: Authority cited: Sections 6209, 6215.9, Government Code. Reference: Sections 6205, 6205.5, 6206, 6206.4, 6206.5, 6206.7, 6207, 6207.5, 6208, 6208.1, 6208.2, 6208.5, 6209, 6209.5, 6209.7, 6210, 6215, 6215.1, 6215.2, 6215.3, 6215.4, 6215.5, 6215.6, 6215.7, 6215.8, 6215.9, 6215.10, 6215.12, 6216 Government Code.

Section Title 22100.1 Designated Community-Based Assistance Programs, is amended to read: Designated Community-Based Assistance Programs for Reproductive Healthcare Workers under Chapter 3.2 (commencing with Section 6215) of Division 7 of Title 1 of the Government Code.

No change to Express Terms of the existing regulation. Note: Authority cited: Section 6215.9 Government Code. Reference: Section 6215.2 and 6215.8.

Section Title 22100.2 Program Participant Application and Fees, is amended to read: Program Participant Application and Fees under Chapter 3.2 (commencing with section 6215) of Division 7 of Title 1 of the Government Code.

No change to Express Terms of the existing regulation. No change to Authority or References cited.

Note: Authority cited: Section 6215.9, Government Code. Reference: Section 2166.5, Elections Code; and Sections 6215.2, 6215.5, 6215.6 and 6215.8, Government Code.

Section Title 22100.3 Renewal Procedures, is amended to read: Renewal Procedures for Participants under Chapter 3.2 (commencing with section 6215) of Division 7 of Title 1 of the Government Code.

No change to Express Terms of the existing regulation. No change to Authority or Reference cited.

Note: Authority cited: Sections 6215.2(e) and 6215.9, Government Code. Reference: Section 6215.2, Government Code.

Section Title 22100.4 Termination and Appeal Procedures, is amended to read: Termination and Appeal Procedures for Participants under Chapter 3.2 (commencing with section 6215) of Division 7 of Title 1 of the Government Code.

No change to Express Terms of the existing regulation. No change to Authority or Reference cited.

Note: Authority cited: Section 6215.9, Government Code. Reference: Sections 6215.3, 6215.4 and 6215.8, Government Code.

New Section 22100.5 is added:

§ 22100.5 Definitions

The following definitions, along with any definitions included in sections 6205.5 and 6215.1 of the Government Code, shall apply to the regulations contained in this chapter:

- (a) "Applicant" means a person who has completed the enrollment application to participate in the Safe at Home Program.
- (b) "Enrolling Agency" means a California agency or community-based assistance program, or a community-based victims assistance program, designated to assist Applicants to the Safe at Home program complete and submit an enrollment application.
- (c) "Other Parent" means an individual, other than the Program Participant, who has legal parental rights regarding the child or children of the Program Participant.
- (d) "Safe at Home Authorization Number" means the unique identifying number assigned to each Program Participant upon enrollment in the Safe at Home program.

- (e) "Safe at Home Designated Mailing Address" means the address issued by Safe at Home to be used by the Program Participant as their mailing address.
- (f) "Identification Card" means the card provided to each Program Participant which contains the Program Participant's first and last names, unique Safe at Home Authorization Number, and Safe at Home Designated Mailing Address. The Identification Card can be used by the Program Participant to prove or substantiate participation in the Safe at Home program.
- (g) "Program Participant" means a person whose application for enrollment into the Safe at Home program has been fully processed by Safe at Home program staff, has been assigned a Safe at Home Authorization Number and a Safe at Home Designated Mailing Address, and who remains domiciled in California.
- (h) "Primary Participant" means the person who is or was the direct victim of a crime as defined by section 6206 of the Government Code, and has one or more Household Members domiciled at the same address enrolled in the program as a Program Participant.
- (i) "Household Member" means an adult person who resides at the same residential address with the Primary Participant and is related to the Primary Participant by blood, marriage, registered domestic partnership, adoption, or is a cohabitant of the Primary Participant.

Note: Authority cited: Sections 6209 and 6215.9, Government Code. Reference: Sections 6205 through 6217, Government Code.

New Section 22100.6 is added:

§ 22100.6 Enrolling Agencies under Chapter 3.1 (commencing with section 6205) of Division 7, Title 1 of the Government Code

- (a) To become a designated Enrolling Agency, the agency shall submit a completed Enrolling Agency Designation Agreement Form, Form SAH-1A (6/2019), hereby incorporated by reference, to the Safe at Home program.
- (b) The Safe at Home program shall review the Enrolling Agency Designation Agreement Form and any additionally provided supporting documentation and shall determine whether the agency qualifies to become an active Enrolling Agency. The Safe at Home program shall provide written notification to the agency informing it of its status as an Enrolling Agency.

- (c) Representatives or victim advocates of Enrolling Agencies shall complete training provided by the Safe at Home program prior to assisting program Applicants with the application process. The training shall include instruction on how to assist individuals who wish to participate in the Safe at Home Program as those individuals complete the legally required sections of the Safe at Home enrollment application. Training shall also include explanation of the roles and responsibilities of Enrolling Agencies, Program Participants and Safe at Home Program staff in the effective administration of the Safe at Home Program.
- (d) An Enrolling Agency shall lose its designation as an Enrolling Agency upon any of the following:
 - (1) The Safe at Home program receives written notification by an authorized representative of the Enrolling Agency that the Enrolling Agency will no longer provide enrollment services to Safe at Home Applicants;
 - (2) The Safe at Home program determines the Enrolling Agency is not fulfilling its obligations and responsibilities under Chapter 3.1 (commencing with Section 6205), or under these regulations.

Note: Authority cited: Section 6209, Government Code. Reference: Sections 6206 and 6208.5, Government Code.

New Section 22100.7 is added:

§ 22100.7 Program Participant Application under Chapter 3.1 (commencing with section 6205) of Division 7, Title 1 of the Government Code

- (a) An individual who alleges they are a victim of any of the offenses enumerated in Government Code section 6205.5 subsections (c), (e), (g), (i) and (j), or who alleges they are a Household Member of a Primary Participant as defined in Government Code section 6205.5 subsection (f), and who desires to participate in the Safe at Home program under Chapter 3.1 (commencing with Section 6205) of Division 7 of Title 1, shall complete a Safe at Home Program Enrollment Application Form SAH-2 (6/2019), hereby incorporated by reference. If the Applicant has minor children and is subject to court orders related to those children but does not have physical copies of those orders to submit along with the SAH-2 form, the individual applying to participate in the Safe at Home Program shall also complete the Declaration

Confirming Court Orders, Form SAH-2A (6/2019), hereby incorporated by reference. Both forms shall be completed at a designated Enrolling Agency location or in the presence of an Enrolling Agency representative.

- (1) A Household Member of a Primary Participant who chooses to apply to the Safe at Home program shall submit documentation to substantiate the Household Member's residential address shared with the Primary Participant.

Documentation may include:

- A. Joint or individual checking account
- B. California driver license
- C. Property tax statement or bill
- D. Utility bill
- E. Lease or rental agreement
- F. Property insurance documentation
- G. Signed declaration

- (2) A Household Member's participation in the Safe at Home program is linked to the participation of the Primary Participant. When a Household Member is applying to the Safe at Home program at the same time as the Primary Participant, the application for the Household Member shall be processed after the application for the Primary Participant. The Household Member shall be enrolled in the Safe at Home program after the application of the Primary Participant has been fully processed.

- (3) If an Applicant with minor children becomes a Program Participant, Safe at Home shall send notice to the Other Parent pursuant to section 6206(d) of the Government Code informing the Other Parent of the Safe at Home address of their minor child or children. All Safe at Home Applicants shall provide the first and last name, and the last known address for the Applicant's minor children, and the first and last name, and the last known address for the Other Parent of the Applicant's minor children, regardless of whether or not the Applicant seeks to enroll those minor children in the program.

- (b) A guardian or conservator applying on behalf of an eligible minor or an incapacitated adult shall complete application materials for the minor child or incapacitated adult, provide court documents that show proof of guardianship or conservatorship, and complete the Safe at Home Supplemental Guardianship/Conservatorship Form, Form SAH-2B (6/2019), hereby incorporated by reference, in its entirety.

(c) If the Safe at Home Program application is incomplete, Safe at Home program staff shall attempt to contact the Applicant to obtain the missing information. An Applicant who fails to respond to a Safe at Home inquiry regarding their application within 90 calendar days from the date of inquiry shall be denied enrollment into the program based on the incomplete application. Safe at Home shall destroy all unprocessed enrollment applications and any supporting materials after the 90 calendar days has passed.

(d) The Safe at Home program shall provide written notification to the Applicant of either denial to or acceptance into the Safe at Home program.

Note: Authority cited: Section 6209, Government Code. Reference: Sections 6206, 6208.5 and 6209.7, Government Code.

New Section 22100.8 is added:

§ 22100.8 Application Denial under Chapter 3.1 (commencing with section 6205) of Division 7, Title 1 of the Government Code

(a) Participation in the Safe at Home program shall be denied to an Applicant for any of the following reasons:

(1) Failure to provide information on the Safe at Home application form SAH-2 that is required under Government Code section 6206. Safe at Home shall attempt to contact the Applicant to obtain required information and complete the enrollment application before deciding to deny the Applicant participation in the Safe at Home program pursuant to this section. If the Applicant fails to respond to this request for statutorily required information within 90 calendar days, the application shall be denied.

(2) Making a false or fraudulent attestation on the enrollment application.

(b) Safe at Home shall provide the Applicant with written notice of a decision to deny the application. This notice of denial shall include the reasons for denial.

Note: Authority cited: Section 6209, Government Code. Reference: Sections 6206 and 6209.7, Government Code.

New Section 22100.9 is added:

§ 22100.9 Program Participant Renewals under Chapters 3.1 (commencing with Section 6205) of Division 7, Title 1 of the Government Code

- (a) Certification as a Safe at Home Program Participant shall be for a term of four years, after which the Participant may renew certification by completing a Safe at Home Notice of Renewal, Form SAH-5 (6/2019), hereby incorporated by reference.
- (b) A child who reaches the age of 18 years old while participating in the Safe at Home program as a minor child and chooses to continue participation in the Safe at Home program as an adult shall complete the renewal application, Form SAH-5, provided by Safe at Home.
- (c) A child who turns 18 years old while participating in the program as a minor child and elects to continue participation in the Safe at Home program as an adult, and who is also the parent of a minor child, shall go to a designated Enrolling Agency and complete the application process as a Program Participant for themselves and for any minor children, regardless of whether or not those children will be enrolled in the Safe at Home program.
- (d) If a renewal application is not received on or before the expiration of the four-year term, it will be considered a withdrawal from the program and participation with the Safe at Home program shall be terminated.
- (e) No later than 60 days prior to a renewal date, Safe at Home shall provide written notice to a Program Participant that their enrollment is scheduled to expire if the Program Participant fails to renew enrollment. The notice shall include the enrollment expiration/renew-by date, and instructions to renew participation in the Safe at Home program.

Note: Authority cited: Section 6209, Government Code. Reference: Section 6206, Government Code.

New Section 22101 is added:

§ 22101 Withdrawals, Termination and Appeals under Chapter 3.1 (commencing with section 6205) of Division 7, Title 1 of the Government Code

- (a) A Program Participant may withdraw from the Safe at Home program by submitting a signed and dated written request to the Safe at Home program. Upon receipt of the Program Participant's request for withdrawal, Safe at Home shall send written confirmation of withdrawal, and request return of the Identification Card(s) issued by

Safe at Home, and the Program Participant shall be terminated from the Safe at Home program.

- (b) If the Safe at Home program determines that termination of a Program Participant's enrollment with the Safe at Home program is warranted, the Safe at Home program shall send a termination notice to the Program Participant at the most recent mailing and/or residential address on file with Safe at Home. Termination of a Program Participant's enrollment with Safe at Home is warranted if:
- (1) The Program Participant's mail that has been forwarded to the Program Participant by Safe at Home is returned to Safe at Home as undeliverable to that Program Participant;
- (2) The Program Participant's four-year term of enrollment has expired, and the Program Participant has not renewed their enrollment pursuant to Section 22100.9;
- (3) Safe at Home discovers that the Participant more likely than not made a false attestation on their enrollment application as described in section 6206, subdivision (e) of the Government Code.
- (c) The Safe at Home termination notice sent to the Participant shall include the reasons for the proposed termination of the Participant and shall describe a process for appealing the termination. The Safe at Home termination notice shall include a clearly identified due date by which a Program Participant shall submit an appeal to Safe at Home if the Program Participant wishes to remain active in the Safe at Home program. This clearly identified due date shall be 30 calendar days from the date of the termination notice.
- (d) If the Program Participant wishes to remain active in the Safe at Home program, the Program Participant may submit a written appeal as described in Section 22101(e) of these regulations to the Safe at Home Program. To be considered by Safe at Home, the appeal shall arrive at Safe at Home by the due date included in the Safe at Home termination notice received by the Program Participant.
- (e) A written appeal shall state facts that specifically rectify the reasons for termination stated in the Safe at Home termination notice, or facts that show that the reasons for termination stated in the termination notice are incorrect. The Safe at Home program shall issue a written decision on a timely received appeal within 30 calendar days of receipt of the appeal from the Program Participant. The Program Participant shall not be terminated if the appeal states facts showing the Program Participant is more likely than not still eligible to participate in the Safe at Home program under Government Code section 6206 and that the reason for termination was incorrect.

- (f) If a Primary Participant's enrollment is terminated or if they withdraw from the program, Household Members shall be notified of their ineligibility to continue in the program as a Household Member and shall be informed of options available to them should they wish to remain a Program Participant.
- (g) All mail received by Safe at Home on behalf of a terminated Program Participant shall be returned to sender. No written communication informing them of returned mail shall be provided to the terminated Program Participant.

Note: Authority cited: Section 6209, Government Code. Reference: Sections 6206, 6206.5, 6206.7 and 6208, Government Code.

New Section 22101.1 is added:

§ 22101.1 Mail Receipt, Handling and Forwarding

- (a) The Safe at Home program shall forward mail received by the Safe at Home Program and addressed to the Program Participant to the Program Participant no less than three times per week.
- (b) To ensure accurate mail processing and mail forwarding, Program Participant mail received by Safe at Home shall include the Program Participant's name on file with Safe at Home and shall include the Program Participant's Safe at Home Authorization Number.
- (c) Mail that does not include the Program Participant's Safe at Home Authorization Number may result in either a delay forwarding mail to the Program Participant, or in having the mail returned to sender if Safe at Home is unable to verify the true intended recipient.
- (d) Mail forwarding to Program Participants may be delayed due to government closures, holidays, and weekends.
- (e) Program Participant mail received by Safe at Home shall be no larger than 9x12 inches and ¼ inch thick, and no greater than 16 oz. in weight. Mail that exceeds these dimensions shall be returned to sender.
- (f) Certified and registered mail shall be forwarded as certified mail. All other express mail shall be forwarded as first class mail.

- (g) The Safe at Home program shall not forward magazines, or mail that is identified as containing online purchases, medication, liquids or fragile items.
- (h) Upon request by the Program Participant, the Safe at Home program shall hold Program Participant's mail for a period not to exceed two weeks.

Note: Authority cited: Sections 6209 and 6215.9, Government Code. Reference: Sections 6206, 6207, 6215.2 and 6215.5, Government Code.

New Section 22101.2 is added:

§ 22101.2 Service of Process

- (a) Service of process intended for Safe at Home Program Participants is accepted by the Safe at Home program during regular business hours, excluding state holidays, Monday-Friday, 8:00 a.m. to 5:00 p.m., Pacific Time. Service shall be made at 1500 11th Street, 6th Floor, Sacramento, California 95814.
- (1) The Safe at Home program is not authorized to accept service of process on behalf of individuals who are not Program Participants in the Safe at Home program.
- (2) Proof of Service in compliance with Section 417.10 of the Code of Civil Procedure shall accompany any documents being served.
- (3) The person being served shall be clearly identified in the documents being served by including the Program Participant's legal name and their Safe at Home Authorization Number.
- (4) The Safe at Home program shall forward a copy of the summons, writ, notice, demand or process to the Safe at Home Program Participant's mailing address on file with Safe at Home.
- (5) Safe at Home shall keep a record of all summonses, writs, notices, demands, and processes served, including the time of service and Safe at Home actions taken with respect to the documents served.

Note: Authority cited: Sections 6209 and 6215.9, Government Code. Reference: Sections 6206 and 6215.2, Government Code.

New Section 22101.3 is added;

§ 22101.3 Confidential Name Changes under Chapter 3.1 (commencing with section 6205) of Division 7, Title 1 of the Government Code

- (a) Prior to petitioning the Superior Court of the county in which a Program Participant resides, a Safe at Home Program Participant seeking a confidential name change pursuant to subdivision (b), section 1277 of the Code of Civil Procedure shall complete and submit to the Safe at Home program a Confidential Notice of Intent of Name Change Form, SAH-6 (2019), hereby incorporated by reference.
- (b) The Confidential Notice of Intent of Name Change Form shall be completed by the Program Participant seeking a name change and shall include their current legal name and the name they intend to adopt as their new legal name resulting from the confidential name change process. Safe at Home shall make no assessment about the legality or the appropriateness of the proposed new legal name.
- (c) Only the guardian or conservator of a minor child or incapacitated adult who is a Program Participant shall complete the Confidential Notice of Intent of Name Change Form on behalf of the minor child or incapacitated adult Program Participant.
- (d) A separate Confidential Notice of Intent of Name Change Form shall be filed for each minor child or incapacitated adult whose name a guardian or conservator seeks to change.
- (e) After Safe at Home has received a completed Confidential Notice of Intent of Name Change Form, the program shall provide the requesting Program Participant with documentation to substantiate the Program Participant's enrollment in the Safe at Home program.
- (f) Once a Program Participant's legal name has been changed by the Superior Court, the Program Participant's new legal name will be the name indicated on the most recently completed Confidential Notice of Intent of Name Change Form sent to Safe at Home by the Program Participant.
- (g) Once a Program Participant's name has been legally changed by the Superior Court and Safe at Home has received a certified copy of the court decree changing the name, Safe at Home shall update program records to reflect the new legal name and shall accept mail for the Program Participant addressed to their new legal name. Safe at Home shall continue to accept mail sent to the Program Participant in his or her previous legal name for 90 days from the date of receipt of the court decree, after which, Safe at Home shall only accept mail addressed to the current legal name on file.

- (h) The Confidential Notice of Intent of Name Change Form, along with the court decree officially changing the Program Participant's legal name, shall remain on file with the Safe at Home Program consistent with section 6206.4 of the Government Code.

Note: Authority Cited: Section 6209, Government Code; Reference: Sections 6206.4 and 6209.5, Government Code.

New Section 22101.4 is added:

§ 22101.4 Disclosing Confidential Information

- (a) Law enforcement agencies may request the disclosure of a Program Participant's confidential address or change of name by submitting a written request on the official letterhead of the law enforcement agency. The letter shall be signed and dated by the requesting officer's supervisor and addressed to the Safe at Home program. The request shall include the investigating officer's name, badge number, and the name of the law enforcement agency to which the information shall be disclosed. Safe at Home shall subsequently make the confidential address or name change available for inspection and copying at the Safe at Home Program within the Office of the Secretary of State.
- (b) The Safe at Home program shall not make a Program Participant's address, other than the address designated by the Safe at Home program, or a Program Participant's name change, available for inspection or copying unless requested by a law enforcement agency in a manner consistent with subsection (a), or pursuant to a court order.
- (c) Law enforcement shall keep the Program Participant's confidential information out of non-confidential public records, pursuant to section 6207 of the Government Code.

Note: Authority cited: Sections 6209 and 6215.9, Government Code. Reference: Sections 6207, 6208, 6215.5 and 6215.7, Government Code.

New Section 22101.5 is added:

§ 22101.5 Public Agency Use of Safe at Home Designated Address Exemption

- (a) When a state or local agency, has a bona fide statutory or administrative requirement to use a confidential address of a Safe at Home Program Participant, the agency may request an exemption. The requesting agency shall submit a written

request to the Safe at Home program identifying the bona fide statutory or administrative requirement to use the address that would otherwise be confidential.

- (b) The agency request for exemption shall include all of the following:
- (1) A detailed description of the agency's statutory or administrative requirement to use the residential address which would otherwise be confidential;
 - (2) The name, address, telephone number, and signature of the agency's contact person, and date of signing;
 - (3) A statement that the confidential address will be used solely for the statutory and administrative purposes provided in the request;
 - (4) A written confirmation of procedures that will be used so the confidential address is kept confidential and not made available in public record.
- (c) The Safe at Home program shall determine whether the requesting agency has a bona fide statutory or administrative requirement for the use of the address which would otherwise be confidential, and that the requesting agency has adequate procedures to maintain confidentiality of the Program Participant's residential address.
- (d) The Safe at Home program shall notify the requesting agency and the affected Program Participant of its determination.

Note: Authority Cited: Sections 6209 and 6215.9, Government Code. Reference: Sections 6207, 6208, 6215.5 and 6215.7, Government Code.



California Secretary of State



safe at home
California's Confidential Address Program

California Address Confidentiality Program

Enrolling Agency Designation Agreement Form

This form is two sided.

Print responses in ink.

For questions please call (877) 322-5227.

Submit completed forms to: Safe at Home, P.O. Box 846, Sacramento, CA, 95812

1. Enrolling Agency Name: _____

2. Physical Address: Street Address: _____
Suite #: _____
City/State: _____
ZIP Code: _____

3. Mailing Address: Street Address: _____
Suite #: _____
City/State: _____
ZIP Code: _____

4. Public Phone: _____

5. Public Email: _____

6. Website: _____

Please provide contact information for the designated liaison between your agency, applicants, and Safe at Home. This information will not be released to the public.

7. Designated Contact Person's Name: _____

8. Designated Contact Person's Phone Number: _____

9. Designated Contact Person's Email: _____

The following information is used by Safe at Home and will not be released to the public.

10. Director's Name (if
different from
Designated Contact
Person above: _____

11. Director's Email: _____

12. Business Entity Number on file with the Secretary of State: _____

Enrolling Agency Acknowledgement

To qualify as a designated Safe at Home Enrolling Agency, your agency must be a state, county or non-profit agency providing counseling or shelter services to victims of domestic violence, sexual assault, stalking, human trafficking or elder/dependent abuse; or providing counseling services to a reproductive healthcare employee, provider, patient, or volunteer (Government Code sections §6208.5 and §6215.8.).

This Agreement is effective from the signed date and up to two years afterwards. Should your agency have any changes (i.e., new phone number, change of address, or director), please notify Safe at Home via email at EALnquiries@sos.ca.gov.

By signing below, I acknowledge the following responsibilities:

1. Our agency fully meets the qualifications as stated in Government Code §6208.5 or §6215.8 to be an Enrolling Agency for the Safe at Home program. We will meet in person with each Safe at Home applicant to provide program orientation and assist with the completion of the enrollment forms.
2. Representatives from our agency shall complete training provided by the Safe at Home Program prior to assisting program applicants with the application process.
3. Our agency will not discriminate against any Safe at Home applicant because of race, creed, color, national origin, gender, sexual orientation, age, or mental, physical, or sensory disability.
4. Our Agency will not make copies of the completed enrollment forms. We will not disclose any confidential information provided on the Safe at Home application by the applicant.
5. In the event that our agency no longer wishes to participate as an Enrolling Agency, either the director or the designated contact person listed on this form will provide written notification to Safe at Home requesting removal from the Enrolling Agency Referral Listing.
6. Safe at Home may cancel the agency's designation as an Enrolling Agency for failure to comply with Government Code §6208.5 or Government Code §6215.8.

Director's Signature: _____

Date: _____

For Official Use Only
Date Entity Verified by SAH:
Entity Status:
Verified by:



California Address Confidentiality Program

Declaration Confirming Court Orders

- If a court has issued Custody, Visitation, Restraining, or No Contact orders related to your minor child or children, and you are unable to provide a copy, you **MUST** still provide the court order information on this form.
- A separate form is needed for each court order.

SECTION 1: APPLICANT INFORMATION

You must provide your full legal name. If you do not have a middle name, write "none".

First Name:	Middle Name:
Last Name:	

SECTION 2: CONTACT INFORMATION FOR OTHER PARENT

Provide the last known address for the other parent of your minor child/children.

First Name:	Middle Name:	
Last Name:		
Address:		Apartment/ Unit:
City:	State:	ZIP Code:
County:		

SECTION 3: ATTORNEY INFORMATION FOR OTHER PARENT

Please provide the contact information for the other parent's attorney.

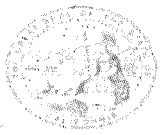
<input type="checkbox"/> Check this box if the other parent does not have an attorney.		
Attorney Name:		
Office/Law Firm Name:		
Address:		Suite/Unit:
City:	State:	ZIP Code:

SECTION 4: COURT ORDER INFORMATION

Explain why you are unable to provide a copy of a current court order related to your minor child/children and provide information about the court order and case.

I am unable to provide a copy of a current court order related to my minor child/children because:

CONTINUED ON OTHER SIDE



California Address Confidentiality Program

Enrollment Application

- This application contains seven (7) sections on two (2) pages. Each page is two-sided. This form must be fully completed with an application assistant at an enrolling agency to be accepted. All sections are required unless otherwise noted as "optional."
- Please fill out one application per adult applicant to the Safe at Home Program.
- Contact Safe at Home at (877) 322-5227 with questions related to this application.
- **It is a misdemeanor to provide false information on this application (Government Code Section 6206(e)).**
- The enrolling agency application assistant must mail completed forms and required documents to: Safe at Home, P.O. Box 846, Sacramento, CA, 95812.

SECTION 1: APPLICANT INFORMATION

You must provide your full legal name. If you do not have a middle name, write "none."

First Name:		Middle Name:	
Last Name:			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-Binary
Date of Birth:		/ /	
Applicant Type:	<input type="checkbox"/> Enrolling self only <input type="checkbox"/> Enrolling self and a minor child or children <input type="checkbox"/> Enrolling dependent adult or incapacitated person <input type="checkbox"/> Household member		
Victim Type:	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Sexual Assault	<input type="checkbox"/> Elder Abuse (65 and older)
	<input type="checkbox"/> Stalking	<input type="checkbox"/> Human Trafficking	<input type="checkbox"/> Previous 'SAH' Participant
Preferred Phone Number: () -			
Email (optional):			

SECTION 2: ADDRESS AND CONTACT INFORMATION

- You must provide the residence address where you currently live. Do not provide a post office box or a rented mail box address.
- If you are staying in a shelter, write "confidential shelter" in the box for residential address and include the city, state, ZIP code, and county where the confidential shelter is located.
- This address information is kept confidential by the Safe at Home Program.
- Household members **MUST** attach proof of residence address.

Residence Address:		Apartment/Unit:
City:	State:	ZIP Code:
County:		
You must provide your mailing address if different from your residence address. A post office box or rented mail box is allowed as your mailing address. Safe at Home will forward your mail to this location.		
<input type="checkbox"/> Same as residence address (skip to work address information)		
Mailing Address:		Apartment/Unit:
City:	State:	ZIP Code:
Optional: You may provide your work or school address that you also wish to keep confidential.		
Work Address:		County:
City:	State:	ZIP Code:
School Address:		County:
City:	State:	ZIP Code:

CONTINUED ON OTHER SIDE

SECTION 3: MINOR CHILD INFORMATION

- The Safe at Home Program *MUST* collect the following information from each applicant pursuant to Government Code Section 6206(a)(4).
- Safe at Home *MUST* notify the other parent or parents that the Secretary of State is designated as the Participant's agent for service of process. Unless a court order prohibits contact, Safe at Home must notify the other parent or parents of the mailbox number assigned to the Participant. Notice shall be mailed to the last known address of the other parent. A copy shall be sent to that parent's counsel of record, if provided to the Secretary of State (Government Code Section 6206(d)).

Child 1		
First Name:		Middle Name:
Last Name:		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	Date of Birth: / /
Are you enrolling this child: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address:		
City:	State:	ZIP Code:
Child 1: Contact Information for Other Parent		
First Name:		Middle Name:
Last Name:		
Address (last known):		
City:	State:	ZIP Code:
Child 1: Attorney Information for Other Parent (if any)		
Name of the Other Parent's Attorney:		
Address:		Suite/Unit:
City:	State:	ZIP Code:
Child 2		
First Name:		Middle Name:
Last Name:		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	Date of Birth: / /
Are you enrolling this child: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address:		
City:	State:	ZIP Code:
Child 2: Contact Information for Other Parent		
First Name:		Middle Name:
Last Name:		
Address (last known) :		
City:	State:	ZIP Code:
Child 2: Attorney Information for Other Parent (if any)		
Name of the Other Parent's Attorney:		
Address:		Suite/Unit:
City:	State:	ZIP Code:
Child 3		
First Name:		Middle Name:
Last Name:		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	Date of Birth: / /
Are you enrolling this child: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address:		
City:	State:	ZIP Code:
Child 3: Contact Information for Other Parent		
First Name:		Middle Name:
Last Name:		
Address (last known):		
City:	State:	ZIP Code:
Child 3: Attorney Information for Other Parent (if any)		
Name of the Other Parent's Attorney:		
Address:		Suite/Unit:
City:	State:	ZIP Code:

CONTINUED ON NEXT PAGE

Child 4		
First Name:		
Middle Name:		
Last Name:		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	Date of Birth: / /
Are you enrolling this child: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address:		
City:	State:	ZIP Code:
Child 4: Contact Information for Other Parent		
First Name:		Middle Name:
Last Name:		
Address (last known):		
City:	State:	ZIP Code:
Child 4: Attorney Information for Other Parent (if any)		
Name of the Other Parent's Attorney:		
Address:		Suite/Unit:
City:	State:	ZIP Code:
If there are additional children, please provide the required information for each additional child on a separate sheet of paper and attach it to this application.		

SECTION 4: CHILD CUSTODY INFORMATION

If a court has issued Custody, Visitation, Restraining, or No Contact orders related to the minor child or children listed above, and you are unable to provide a copy of those orders, a completed **Declaration Confirming Court Orders Form (Form SAH-2A)** MUST be attached to this application.

Are you the parent or guardian of a minor child or children? <input type="checkbox"/> YES. If yes, please complete the remainder of this section. <input type="checkbox"/> NO. If no, please skip to the next section.
Has a judge or a court issued <u>Custody</u> or <u>Visitation</u> orders related to your minor child or children? <input type="checkbox"/> YES , a judge or a court HAS issued Custody or Visitation orders related to my minor child or children. A copy of these documents is attached. <input type="checkbox"/> YES , a judge or a court has issued Custody or Visitation orders related to my minor child or children BUT I am unable to provide a copy. A copy of the Declaration Confirming Court Orders Form (Form SAH-2A) is attached. <input type="checkbox"/> NO , a judge or a court has NOT issued Custody or Visitation orders related to my minor child or children.
Has a judge or a court issued a <u>Restraining</u> or <u>No Contact</u> order that prohibits the other parent from contacting you or your minor child or children? <input type="checkbox"/> YES , a judge or a court HAS issued Restraining or No Contact orders related to my minor child or children. A copy of these documents is attached. <input type="checkbox"/> YES , a judge or a court has issued Restraining or No Contact orders related to my minor child or children, BUT I am unable to provide a copy. A copy of the Declaration Confirming Court Orders Form (Form SAH-2A) is attached. <input type="checkbox"/> NO , a judge or a court has NOT issued Restraining or No Contact orders that prohibit the other parent from contacting me or my minor child or children.

SECTION 5: HOUSEHOLD MEMBERS ONLY

Please complete this section with information on the **Primary Participant** (the person who is a victim of Domestic Violence, Stalking, Sexual Assault, Human Trafficking, or Elder/Dependent Adult Abuse). Provide the Primary Participant's full legal name. If there is no middle name, write "none" in the middle name box.

First Name:	Middle Name:
Last Name:	
ID Number (if assigned):	

CONTINUED ON OTHER SIDE

SECTION 6: APPLICANT AGREEMENT/ACKNOWLEDGEMENT

Applicants **MUST** agree to and confirm the following to enroll in the program. Please initial each statement, and provide a full signature and the date in the space below.

<input type="checkbox"/>	I designate the Secretary of State as agent for purposes of service of process and for the purposes of receipt of mail (Government Code Section 6206(a)(5)).
<input type="checkbox"/>	The Secretary of State may terminate my participation in the Safe at Home Program and invalidate my authorization card if a service of process document or mail forwarded to the program participant by the Secretary of State is returned as non-deliverable (Government Code Section 6206.7(b)(4)).
<input type="checkbox"/>	I understand that if I provide false information, or if I falsely state on an application that disclosure of my address would endanger my safety, the safety of a minor child or children, or the incapacitated person on whose behalf this application is made, or if I knowingly provide false or incorrect information on this application, I will be guilty of a misdemeanor (Government Code Section 6206(e)).
<input type="checkbox"/>	I am applying for the Safe at Home program because I believe EITHER that I am a victim of domestic violence, stalking, sexual assault, human trafficking, or elder or dependent adult abuse, and I am in fear for my safety, or for that of the child or children for whom I am applying, or the incapacitated person on whose behalf this application is made, OR I am a Household Member of one of the above victims (Government Code Section 6206(a)(1)(A)(B)).
► Signature: _____ Date: / /	

SECTION 7: ENROLLING AGENCY INFORMATION

This section **MUST** be completed in person with an application assistant at a designated enrolling agency with an original signature. If this section is left blank, the enrollment form will NOT be accepted.

Name of Enrolling Agency:		County:
Address of Enrolling Agency:		Suite/Unit:
City:	State:	ZIP:
Enrolling Agency Phone Number:		
Enrolling Agency Email:		
Name of Application Assistant:		
► Applicant Assistant Signature: _____		Date: / /

LAST PAGE



California Address Confidentiality Program

Safe at Home Supplemental Guardianship/Conservatorship

- This form is to be completed by a parent or guardian of minor child/children or incapacitated person who is NOT enrolling him/herself but is completing the application on behalf of either a minor child or an incapacitated adult. All sections are required to be completed.
- A separate form is needed for each minor child/children or incapacitated adult.
- Contact Safe at Home at (877) 322-5227 with questions related to this application.

SECTION 1: GUARDIAN/CONSERVATOR FULL LEGAL NAME

You must provide your full legal name. If you do not have a middle name, write "none."

First Name:	Middle Name:
Last Name:	

SECTION 2: GUARDIAN/CONSERVATOR ADDRESS/CONTACT INFORMATION

Please provide an address and phone number where Safe at Home may contact you.

Street Address:		
City:	State:	ZIP:
Telephone Number:		

SECTION 3: PROOF OF GUARDIANSHIP/CONSERVATORSHIP PROVIDED

You must provide all legal documents pertaining to the person in your care.

<input type="checkbox"/> Power of Attorney
<input type="checkbox"/> Court orders for guardianship/conservatorship
<input type="checkbox"/> Other, please specify: _____

SECTION 4: APPLICANT INFORMATION

You must provide the legal name and date of birth of the person for whom you are applying.

First Name:	Middle Name:
Last Name:	
Date of Birth: / /	

SECTION 5: GUARDIAN/CONSERVATOR SIGNATURE

► Signature:	Date: / /
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California Address Confidentiality Program

NOTICE OF RENEWAL

- Please fill out one renewal form per adult renewing their Safe at Home certification.
- You may not enroll new persons in Safe at Home using this form.
- It is a misdemeanor to provide false information on this application (Government Code Section 6206(e)).
- Contact Safe at Home at (877) 322-5227 with questions related to this form.
- Please mail completed form(s) and required documents to:
Safe at Home, P.O. Box 846, Sacramento, CA, 95812.

SECTION 1: NAME

You must provide your full legal name. If you do not have a middle name, write "none."

First Name:	Middle Name:
Last Name:	
Participant Authorization Number:	

SECTION 2: ADDRESS AND CONTACT INFORMATION

You must provide the residence address where you currently live. Do not provide a post office box or a rented mail box.

Residence Address:		Apartment/Unit:
City:	State:	ZIP Code:
County:		
Preferred Phone Number: () -		

You must provide your mailing address if different from your residence address. A post office box or rented mail box is allowed as your mailing address. Safe at Home will forward your mail to this location.

<input type="checkbox"/> Same as residence address (skip to work address information)		
Mailing Address:		Apartment/Unit:
City:	State:	ZIP Code:
Optional: You may provide your work or school address that you also wish to keep confidential.		
Work Address:		County:
City:	State:	ZIP Code:
School Address:		County:
City:	State:	ZIP Code:

CONTINUED ON NEXT PAGE

SECTION 3: MINOR CHILD INFORMATION

- Provide the names and authorization numbers for any enrolled minor children.
- Any additional **enrolled** minor children may be submitted on a separate piece of paper.
- If you have any **updated court orders**, please provide them or complete the Declaration of Court Orders Form (SAH-2A).

Child 1	
First Name:	Middle Name:
Last Name:	
Participant Authorization Number:	
Child 2	
First Name:	Middle Name:
Last Name:	
Participant Authorization Number:	
Child 3	
First Name:	Middle Name:
Last Name:	
Participant Authorization Number:	

SECTION 4: PARTICIPANT ACKNOWLEDGEMENT/AGREEMENT

Participants **MUST** agree to and confirm the following to continue in the program. Please **initial** each statement, and provide a full signature and the date in the space below.

<input type="checkbox"/>	I designate the Secretary of State as agent for purposes of service of process and for the purposes of receipt of mail. (Government Code Section 6206(a)(5)).
<input type="checkbox"/>	The Secretary of State may terminate my participation in the Safe at Home Program and invalidate my authorization card if a service of process document or mail forwarded to the program participant by the Secretary of State is returned as non-deliverable. (Government Code Section 6206.7(b)(4)).
<input type="checkbox"/>	I understand that if I provide false information, or if I falsely state on an application that disclosure of my address would endanger my safety, the safety of a minor child or children, or the incapacitated person on whose behalf this application is made, or if I knowingly provide false or incorrect information on this application, I may be guilty of a misdemeanor. (Government Code Section 6206(e)).
<input type="checkbox"/>	I am choosing to renew my Safe at Home Program certification because I believe EITHER that I am a victim of domestic violence, stalking, sexual assault, human trafficking or elder or dependent adult abuse and I am in fear for my safety, or for that of the child or children for whom I am choosing to renew, or the incapacitated person on whose behalf this renewal is made, OR I am a Household Member of one of the above victims. (Government Code Section 6206(a)(1)(A)(B)).
Signature: _____ Date: / /	



Alex Padilla
Secretary of State
State of California

P.O. Box 846
Sacramento, CA 95812-0846
Phone: (877) 322-5227 Fax: (916) 653-7625
www.sos.ca.gov/safeathome



safe at home
California's Confidential Address Program

Safe at Home Confidential Notice of Intent of Name Change Form

ATTENTION: Providing any false or misleading information on this document is a crime punishable by a \$1,000 fine and/or imprisonment in state prison for up to three years.

Pursuant to Government Code section 6206.4, the Secretary of State files and keeps confidential the name changes of participants in the California Confidential Address Program, Safe at Home, in accordance with Code of Civil Procedure 1277 (b). Your petition, the order of the court, and the copy for publication shall not recite your proposed name and shall indicate that the proposed name is confidential on file with the Secretary of State's office per provisions of the Safe at Home Program pursuant to the provisions of the Address Confidentiality Program. (Section 1277(b)).

By initialing on the line next to each statement and signing below, I acknowledge that:

___ I am a participant of the Safe at Home Program and that I and my enrolled children (if applicable) are eligible to apply for a confidential legal name change;

___ The reason for requesting a confidential legal name change is to avoid domestic violence (as defined in Section 6211 of the Family Code) stalking (as defined in Section 646.6 of the Penal Code), sexual assault (as defined in Section 13823.15 of the Penal Code) or human trafficking (as defined in Section 236.1 of the Penal Code);

___ This form is a legally binding document which, when filed in conjunction with and completion of a superior court name change decree (completed as prescribed in the Safe at Home Confidential Name Change Instructions provided to me and signed and stamped by the superior court judge who heard the petition), constitutes a confidential legal name change and will change the current legal name provided on both this form and the name change decree to the proposed new name provided below;

___ Once the name change decree is stamped and signed by the court, I must provide a certified stamped copy of the decree to the Safe at Home Program within 7 days of receipt as required by law; and

___ From the date the name change decree is certified, I may no longer legally use my old name and must ensure completion of the confidential name change process with the Safe at Home Program to begin using my new legal name.

___ If I do not notify and provide proof of my legal name change to Safe at Home within 7 days of the name change hearing as required by law, my participation in the program may be terminated.

(1) Print Current Legal Name: _____
(Current legal name of participant whose name will be changed)

(2) Participant/Parent Current Legal Signature: _____
(Participant/Parent signature) (Sign your current legal name)

(3) Safe at Home ID Number: _____ (4) Today's Date: _____

(5) Print Proposed New Name: _____
(Proposed new name of participant whose name will be changed)

(6) Sign Proposed New Name (Adult Participants Only): _____
(Participant signature) (Sign your proposed new name)

(7) County where petition will be filed: _____

****Return this form to Safe at Home PRIOR to filing for a petition to change your name.****